



Medicaid Information Bulletin

January 2001



Visit the Utah Medicaid Program on the World Wide Web: www.health.state.ut.us/medicaid

TABLE OF CONTENTS

01 - 01	Medicaid Customer Service Hours	2
01 - 02	Prior Authorization Hours Expanded	2
01 - 03	Health Common Procedure Coding System - 2001 Revisions	2
01 - 04	Utah Teen Tobacco Quit Line: Telephone-based Resource for Teenagers	2
01 - 05	Nicotine Replacement Therapy for Pregnant Women	3
01 - 06	Medical and Surgical Procedures List: New Codes; Criteria #21 Hyperbaric Oxygen Therapy, Revised	3
01 - 07	Substance Abuse Treatment Providers: Periodic Review of the Treatment Plan	3
01 - 08	Medicaid To Contract Non-Emergency Transportation	4
01 - 09	Vision Services: Tints No Longer Covered	4
01 - 10	Utah Statewide Immunization Information System (USIIS)	4
01 - 11	UHIN Phone Number Corrected	4
01 - 12	Medical Interpretive Services: No Cost; New Contracts	5
01 - 13	Taxi Reimbursement Changes	6
01 - 14	Client Information and Education	6
01 - 15	Electronic Copies of Medicaid Information Bulletins and Index	6
01 - 16	Physician Services: Coverage of Modifiers	7
01 - 17	Hemophilia Case Management: Sole Source Provider	7
01 - 18	Anti-Ulcer Drugs: Preprinted Prescription Pad No Longer Required	7
01 - 19	Physicians: Policy on False Labor Clarified	7
01 - 20	Lithotripsy for Treatment of Kidney Stones Covered by Fixed Fee	8
01 - 21	Lovenox Covered with Prior Authorization	8
01 - 22	Medical Supplies: Respiratory Assist Device	8
01 - 23	Proton Pump Inhibitors	8
01 - 24	Home Health Service: Criteria for Approval Clarified	9
01 - 25	Diagnostic and Rehabilitative Mental Health Services by DHS Contractors: Periodic Review of the Treatment Plan	9
01 - 26	Long Term Home Health Services: Code Added to Manual	10

TABLE OF CONTENTS

01 - 28	Automated Medicaid Information Systems: AccessNow and Medicaid On-Line	10
01 - 29	Payment Adjustment Request: Requesting Review of Medicaid Claim That Exceeds the Billing Deadline	11
01 - 30	Mental Health Centers: Periodic Review of the Treatment Plan; Tele-health Services	11
01 - 31	Dental Program, Radiographic Services: Full Mouth Series, Discontinued Codes	12
01 - 32	ADA Dental Claim Form 1999, Version 2000: Instructions Updated	12
01 - 33	Pharmacists: Federal Upper Limits	12

BULLETINS REQUIRED FOR

All Providers	01-01, 02, 03, 04, 05, 08, 10, 11, 12, 14, 15, 28, 29
Dental Care Providers	01-31, 32
Diagnostic & Rehabilitation Contractors with DHS Services	01-25
Home Health Agencies	01-17, 24, 26, 27
Hospital	01-19, 20
Medical Suppliers	01-22
Mental Health Services Providers	01-30
Oral Surgeons	01-25
Physician Services	01-06, 16, 17, 18, 19, 21
Pharmacists	01-17, 33
Prescribers and Pharmacists	01-18, 21, 23
Substance Abuse Treatment Providers	01-07
Transportation Providers (taxi)	01-13
Vision Care Providers	01-09

◆ **This bulletin is available in editions for people with disabilities.**

Call Medicaid Information: 538-6155
or toll free 1-800-662-9651.

◆ **Bulletin Numbering System**

The first two digits of a Medicaid Information Bulletin indicate the year published. (Bulletins published for the year 2001 begin with "01".) The second two digits of the bulletin number indicate the order in which the bulletin was published. For example, Bulletin 01-01 is the first bulletin published in the Year 2001.

World Wide Web: www.health.state.ut.us/medicaid

Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

Requesting a Medicaid publication?

Send a Publication Request Form.

- by FAX: 1-801-536-0476
- by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

01 - 01 Medicaid Customer Service Hours

Medicaid Customer Service staff are available to take your calls:

Monday	8:00 a.m. - noon	1:00 p.m. - 5:00 p.m.
Tuesday	8:00 a.m. - noon	1:00 p.m. - 5:00 p.m.
Wednesday	8:00 a.m. - noon	1:00 p.m. - 5:00 p.m.
Thursday	11:00 a.m. - noon	1:00 p.m. - 5:00 p.m.
Friday	8:00 a.m. - noon	1:00 p.m. - 5:00 p.m.

Call Medicaid Information.* When you hear the menu selections, press [3] for Provider Menu, then press one of the other options to reach the desired location.

* Telephone numbers for Medicaid Information are in the box at the bottom of the page. □

01 - 02 Prior Authorization Hours Expanded

The Medicaid Prior Authorization Unit expanded the hours that staff are available to take your calls. Hours are:

Monday	8:30 a.m. - noon	1:00 p.m. - 4:30 p.m.
Tuesday	8:30 a.m. - noon	1:00 p.m. - 4:30 p.m.
Wednesday	8:30 a.m. - noon	1:00 p.m. - 4:30 p.m.
Thursday	(not available in morning)	1:00 p.m. - 4:30 p.m.
Friday	8:30 a.m. - noon	1:00 p.m. - 4:30 p.m.

To reach Prior Authorization, call Medicaid Information.* When you hear the menu selections, press [3] for Provider Menu, then press [3] for prior authorization.

* Telephone numbers for Medicaid Information are in the box at the bottom of the page. □

01 - 03 Health Common Procedure Coding System - 2001 Revisions

Effective for dates of services on or after January 1, 2001, Medicaid begins accepting the 2001 version of the Health Common Procedure Coding System (HCPCS). HCPCS codes include the 2001 Physicians' Current Procedural Terminology (CPT) codes. Continue to obtain prior authorization required for procedures on the 2000 list, even though new codes may be added for the same or similar procedures, or codes may be changed on the 2001 list.

The April 2001 Medicaid Information Bulletin will contain details about coding changes for services by physicians, medical suppliers and so forth. Any 2000 HCPCS codes discontinued in 2001 may be used for dates of services prior to April 1, 2001. For services on and after April 1, 2001, providers must use the 2001 HCPCS codes. If you have a question concerning billing the 2001 HCPCS codes, please contact Medicaid Information. □

01 - 04 Utah Teen Tobacco Quit Line: Telephone-based Resource for Teenagers

The Tobacco Prevention and Control Program is pleased to announce free, statewide, telephone-based tobacco cessation counseling for ALL Utah teenagers. The Utah Teen Tobacco Quit Line (Teen Quit Line) is confidential and easy to use. Parents and friends of teens can also receive assistance in how to help their teen/friend quit tobacco.

The Teen Quit Line is a great referral resource for health care providers. It provides screening, counseling, support materials and referral to additional cessation assistance when appropriate. We encourage you to actively promote the Teen Quit Line to tobacco-using teens and concerned parents.

Tobacco Quit Line (Teen Quit Line) 1-888-567-TRUTH
1-888-567-8788

Hours of operation are:

Monday – Thursday, 10:00 a.m. – 9:00 p.m.
Friday, 10:00 a.m. – 6:00 p.m.
Saturday, 10:00 a.m. – 2:00 p.m.

Ads promoting the Teen Quit Line have been airing on radio and TV, as part of the "Truth About Tobacco" media campaign. If you would like promotional materials (such as business cards and flyers) to help inform patients, please contact the Tobacco Prevention and Control Program. The program's toll-free number is 1-877-220-3466. □



World Wide Web: www.health.state.ut.us/medicaid

Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

Requesting a Medicaid publication?

Send a Publication Request Form.

- by FAX: 1-801-536-0476
- by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

01 - 05 Nicotine Replacement Therapy for Pregnant Women

A Smoking Cessation Program (SCP) for pregnant women who qualify for Medicaid has been set up with part of the funds received from the Tobacco Master Settlement Agreement. One SCP service is nicotine replacement therapy. Medicaid requires prior authorization in order for a pregnant woman to qualify for nicotine replacement therapy.

Brief criteria are listed below. For limits and complete information, refer to the Drug Criteria and Limits List, page 27. Providers of physician services and pharmacists will find attached this new page to update the list.

- A physician must write a prescription for participation in the SCP. The prescriber should include the estimated due date on the prescription.
- The pharmacist must obtain the required prior approval. If the prescriber has not provided the due date, the pharmacist may obtain it from the patient.
- Women are covered only for a twelve-week period per any given pregnancy.

□

01 - 06 Medical and Surgical Procedures List: New Codes; Criteria #21 Hyperbaric Oxygen Therapy, Revised

The Medical and Surgical Procedures List has been updated. Changes are explained below. The updated pages will be issued with the April 2001 bulletin because the list is usually revised extensively due to HCPCS changes.

Additions to List

Code 59200, Insertion of cervical dilator (e.g., laminaria, prostaglandin) (Separate procedure), requires prior approval. Telephone request accepted. Code is related to ICD.9.CM codes 73.1 and 73.4. For approval, refer to Criteria #17.

Code 99183, Hyperbaric Oxygen Therapy, attendance and supervision, may be approved only under very limited circumstances. Telephone request accepted. Code is related to ICD.9.CM code 93.95. For approval, refer to Criteria #21.

Criteria #21, Hyperbaric Oxygen Therapy, Updated

Criteria #21, Hyperbaric Oxygen Therapy, on page 67 of the Medical and Surgical Procedures List, has been updated. In the list below, item 7 is revised, and a new item B is added. The changes are in bold print.

CRITERIA #21 (HYPERBARIC OXYGEN THERAPY)

Must be provided in an approved chamber.

A. Only approved by Medicaid for the following conditions:

1. acute carbon monoxide intoxication
2. decompression illness
3. gas embolism
4. gas gangrene
5. acute traumatic peripheral ischemia
6. crush injuries and suturing of severed limbs
7. **progressive necrotizing infections**
8. acute peripheral arterial insufficiency
9. preparation and preservation of compromised skin grafts
10. chronic refractory osteomyelitis unresponsive to conventional medical and surgical management
11. osteoradionecrosis as an adjunct to conventional treatment
12. soft tissue radionecrosis as an adjunct to conventional treatment
13. cyanide poisoning
14. actinomycosis, only as an adjunct to conventional therapy when the disease process is refractory to antibiotic and surgical treatment.

B. **Physician Supervision Requirement: The physician must be in constant attendance during the entire treatment. This is a professional activity that cannot be delegated because it requires independent medical judgement by the physician. Constant monitoring and immediate availability of the physician are essential in all settings for all procedures.** □

01 - 07 Substance Abuse Treatment Providers: Periodic Review of the Treatment Plan

The following policy in the Utah Medicaid Provider Manual for Substance Abuse Treatment Services has been updated: SECTION 2, Chapter 1 -6, item B, Periodic Review of the Treatment Plan. Providers will find attached replacement pages 1 and 4 - 5 to update their manual. □

World Wide Web: www.health.state.ut.us/medicaid

Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

Requesting a Medicaid publication?

Send a Publication Request Form.

- by FAX: 1-801-536-0476
- by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

01 - 12 Medical Interpretive Services: No Cost; New Contracts

Federal regulations require Medicaid providers to provide foreign language interpreters for Medicaid patients who have limited English proficiency. Medicaid has set up a quick and easy way for you to obtain qualified medical interpreters at no cost to you or your patients. Both the client and the service must meet Medicaid requirements to qualify for a free interpreter. The Utah Medicaid Program contracted with several medical interpretive services providers. The contractor provides an interpreter and bills Medicaid on a fee-for-service basis.

When and Where Can Interpreters Help?

An interpreter can help an eligible client make an appointment with a health care provider for a qualified service and interpret during the visit. Each Medicaid contractor has business hours for both in-person and telephone conference translation services. In-person service is primarily along the Wasatch Front. In-person service typically requires an appointment, usually Monday through Friday, 9 a.m. to 5 p.m. As many as 100 languages are offered, from Acholi to Vietnamese.

Outside the Wasatch Front, and outside routine business hours, contractors have telephone conference translation services.

Who Qualifies for Medical Interpretive Services?

Medicaid will cover the cost of an interpreter when three conditions are met.

1. The client is eligible for a federal or state medical assistance program. Programs include Medicaid, CHIP, UMAP, and services authorized on a State Medical Services Reimbursement Agreement Form (MI-706).
2. The client is fee-for-service. Fee-for-Service is defined in SECTION 1 of the Utah Medicaid Provider Manual, Chapter 3. For your convenience, this definition is repeated below:

"Fee-for-Service means services covered directly by Medicaid and not by a managed care plan. A fee-for-service Medicaid client is defined as either of the following:

- (1) The client is not enrolled in a managed care plan, such as a health maintenance organization (HMO); or
- (2) The client is enrolled in a managed care plan, but the service that is needed is covered by Medicaid, not by the plan. Services not included

in the Medicaid contract with an individual managed care plan are referred to as 'carve-out' services. "

3. The health care service needed is covered by the medical program for which the client is eligible (Medicaid, CHIP, UMAP, and services authorized on a State Medical Services Reimbursement Agreement Form (MI-706).

What if the Client is Enrolled in a Managed Care Plan?

Always verify whether a patient is covered by a managed care plan such as a health maintenance organization (HMO) or Prepaid Mental Health Plan (PMHP). If the service needed is covered by a managed care plan, contact the plan to obtain an interpreter. References: Utah Medicaid Provider Manual, SECTION 1, Chapter 4, Managed Care Plans, and Chapter 5, Verifying Medicaid Eligibility. ¹

Are There Services a Managed Care Plan Will Not Cover?

Currently, three types of services are not included in the Medicaid contracts with managed care plans. The excluded services, referred to as 'carve-out' services, are pharmacy, dental and chiropractic services. These are treated as fee-for-service even if the client is enrolled in a managed care plan.

What About Non-Covered Services?

Services covered by Medicaid are listed in SECTION 1, Chapter 2, COVERED SERVICES. Services which are not considered medically necessary are not covered. If the service is non-covered, the client does not qualify for a free interpreter. However, a patient may choose to receive non-covered services and be responsible for payment. There are strict guidelines for this policy in the Utah Medicaid Provider Manual, SECTION 1, Chapter 6 - 8, Exceptions to Prohibition on Billing Patients. ¹

What If the Person Is Not Eligible for Medical Assistance?

Medicaid may provide interpretive services for a person who wants to apply for a federal or state medical assistance program. Call Medicaid Information. ²

How to Obtain An Interpreter

To help you obtain medical interpretive services for your patients, we created a step-by-step "Guide to Medical Interpretive Services." The guide lists conditions of client eligibility, contractors, languages offered, and the information required from the provider. Please add the guide attached to this bulletin to the General Attachments Section of your Utah Medicaid Provider Manual.

World Wide Web: www.health.state.ut.us/medicaid

Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

Requesting a Medicaid publication?

Send a Publication Request Form.

- by FAX: 1-801-536-0476
- by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

The guide is also available on the Medicaid Provider Guide web site:

www.health.state.ut.us/medicaid/interpreter.pdf

After you review the "Guide to Medical Interpretive Services," if you have questions, contact Medicaid Information.²

When Interpretive Services Are Not Covered

When the three conditions of coverage are not met, the provider may be responsible for the cost of interpretive services. The provider may NOT bill the client for the service except under the conditions stated in the Utah Medicaid Provider Manual, SECTION 1, Chapter 6 - 8, Exceptions to Prohibition on Billing Patients.¹

Information Added to SECTION 1 of the Provider Manual

The information explained in this bulletin has been added to SECTION 1 of the Utah Medicaid Provider Manual:

- Chapter 1 - 1, Applying for Medicaid 1, Overview of the Utah Medicaid Program: Statement added that persons who need assistance with Medicaid applications due to transportation or language barriers may call Medicaid Information for more information.
- Chapter 2 - 1, Medicaid Services, item 33, Medical interpretative services for clients with limited English proficiency or disabilities: Refers to new Chapter 6 - 12, Medical Interpretive Services.
- New Chapter 6 - 12, Medical Interpretive Services: Explains client eligibility requirements and coverage. Refers to the "Guide to Medical Interpretive Services."

¹ SECTION 1 with these updates is available on the World Wide Web at:
www.health.state.ut.us/medicaid/SECTION1.pdf

² Telephone numbers for Medicaid Information are in the box at the bottom of the page.

□

01 - 13 Taxi Reimbursement Changes

Beginning January 1, 2001, taxi codes A0100 (taxi one-way) and Y1120 (taxi round trip) will be reimbursed at \$1.40 per mile. This change has been necessitated due to abusive billing practices by many providers using the percent of bill charges methodology. □

01 - 14 Client Information and Education

Articles sent to Medicaid clients in the quarterly newsletter "Clientell" are published on the Internet. Copies may be printed and freely distributed for nonprofit, educational purposes. An index of articles is at: www.health.state.ut.us/medicaid/html/clientell_index.htm

Below is a list of "Clientell" articles sent recently to Medicaid clients. If you don't know about Medicaid's monthly newsletter, there is more information at the end of this bulletin.

December 2000

- * Smoking Cessation Services
- * Teen Quit Line (Smoking Cessation Hotline)
- * Health Clinics of Utah
- * Utah Donated Dental Services
- * Hotline Resources in the Utah Department of Health: Check Your Health, Medicaid Information, CHIP, Immunize by Two, Baby Watch Program.

Medicaid Client Newsletter "Clientell"

The "Clientell" is a quarterly publication by the Division of Health Care Financing which is mailed to all households receiving a Medicaid card. The purpose is to educate and inform clients of Medicaid policies, procedures and other issues. It is also a tool to share community resources.

The Utah Medicaid population is a very diverse group of people. Our goals are to make information easily understood and to be sensitive to literacy barriers and cultural differences in this population.

We welcome suggestions for articles from providers and other interested parties. The editor of the "Clientell" is Randa Pickle, Consumer Advocate for the Division of Health Care Financing. Please call 1-877-291-5583 or e-mail suggestions to rpickle@doh.state.ut.us. □

01 - 15 Electronic Copies of Medicaid Information Bulletins and Index

Medicaid Bulletins published since April 1997 are on the Internet. You can find the links to both the current and past bulletins at:

www.health.state.ut.us/medicaid/html/provider.html

There is also an Index to Medicaid Information Bulletins on the Internet. The Index has an alphabetical list of articles by keywords and title and also a chronological list of bulletins by date published. The Index is at: www.health.state.ut.us/medicaid/IndexMIBs.pdf

□

World Wide Web: www.health.state.ut.us/medicaid

Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

Requesting a Medicaid publication?

Send a Publication Request Form.

- by FAX: 1-801-536-0476
- by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

01 - 16 Physician Services: Coverage of Modifiers

Bulletin 00 - 101, Clinically Based Computer Auditing Program for Claims Payment: Physician Services, issued in November 2000 to providers of physician services has an error in regard to modifiers. The correction is on page 4 of the bulletin, under the heading "SECTION 2, PHYSICIAN SERVICES," subheading "Chapter 3, Item D, Modifiers." This section should have said:

"A new item 'D' is added to state policy regarding coverage of modifiers. Also, policy now states that modifiers 25, 57, and 27 will not be recognized. For more information, refer to page 17 attached."

It has been brought to our attention that some providers did not receive page 17. That page (16 - 17) is attached to this bulletin so you can update SECTION 2 of the Utah Medicaid Manual for Physician Services.

□

01 - 17 Hemophilia Case Management: Sole Source Provider

Medicaid restricts hemophilia blood factors to a single provider. The purpose is to provide a uniform hemophilia case management support program to the patient and patient's physician and to achieve economies in the purchase of blood factors through a sole source contract. There are two changes in the program. Blood factor VII is now included, and the sole source provider is now University Home Infusion Services. The telephone number is 1-801-581-4663.

Provider Manuals Updated

Three Utah Medicaid Provider Manuals include the policy on hemophilia case management policy: Physician Services, Home Health, and Pharmacy Services.

3. SECTION 2 of the Physician Services manual was updated when the November 2000 bulletin was issued.
4. SECTION 2 of the Home Health Services manual, Chapter 2, LIMITATIONS, item M, has been corrected.
5. Pharmacy providers will find a page attached to update SECTION 2 of the Pharmacy Services manual, Chapter 5 - 13, Blood Factors.

□

01 - 18 Anti-Ulcer Drugs: Preprinted Prescription Pad No Longer Required

The October 2000 Medicaid Information Bulletin announced that the preprinted Anti-Ulcer Drug prescription for the H-2s and the PPIs (Tagemet et al) was no longer required (Bulletin 00 - 89, Anti-Ulcer Drugs: Preprinted Prescription Pad No Longer Required). In accordance with this change, the H2 antagonists have been removed from the Drug Criteria and Limits List, page 5. Providers of physician services and pharmacists will find attached pages 5 - 6 to update the list.

□

01 - 19 Physicians: Policy on False Labor Clarified

The Medicaid policy concerning false labor has been clarified. False labor may occur after 37 completed weeks of gestation. At this point in a pregnancy, changes begin to occur, and contraction-like activity may be present. It is often difficult to identify true labor, especially for a first time mother. If the threatened labor is of such a nature that a hospital admission is determined necessary by the physician, but does not progress to delivery through the current admission, a payment separate from the global maternity fee can be made for the service.

The hospital should identify the admission with ICD.9.CM code 644.13 and appropriately selected Evaluation and Management codes. Repeated admissions through the final three weeks of pregnancy will be reviewed through the post payment review process.

Physician and Hospital Manuals Updated

Providers of physician services and of hospital services will find pages attached to update SECTION 2 of their respective Utah Medicaid Provider Manuals. The revised pages include the clarification regarding false labor.

- The revision in the Physician Services Manual is to SECTION 2, Chapter 2, Covered Services, item 31, Maternity Care (page 14).
- The revision in the Hospital Services manual is to SECTION 2, Chapter 2, Covered Services, item 5, Services associated with pregnancy, labor and delivery (page 9).

A vertical line on a page in the margin marks where text was added. □

World Wide Web: www.health.state.ut.us/medicaid

Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

Requesting a Medicaid publication?

Send a Publication Request Form.

- by FAX: 1-801-536-0476
- by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

01 - 20 Lithotripsy for Treatment of Kidney Stones Covered by Fixed Fee

Policy concerning lithotripsy, is revised as follows: Lithotripsy, extracorporeal shock wave for treatment of kidney stones is covered by an all-inclusive fixed fee. This payment covers all hospital related services for lithotripsy on the same kidney for 90 days. No additional payment will be made for repeat procedures on the same kidney within the 90-day period.

Lithotripsy for treatment of the kidney on the opposite side is considered a separate service. The same policy applies: payment covers all hospital related services for lithotripsy on the same kidney for 90 days.

Hospital Manual Updated

Hospital Providers will find attached a page to update SECTION 2 of the Utah Medicaid Provider Manual for Hospital Services, Chapter 3, Limitations. The Table of Contents and Index have been expanded for easier use of SECTION 2. A vertical line on a page in the margin marks where text was added. □

01 - 21 Lovenox Covered with Prior Authorization

Medicaid may approve coverage of Lovenox for three conditions:

1. Post surgical use
2. Prophylaxis for DVT/PE during pregnancy
3. Active treatment of DVT during pregnancy

Post surgical use may be approved only for below the waist surgeries. This use requires telephone prior authorization. Use during pregnancy requires written prior authorization. Conditions for coverage are specified on the Drug Criteria and Limits List, page 28. Because all criteria are now on page 27, Lovenox has been removed from the box on page 3, Low Molecular Weight Heparins. Providers of physician services and pharmacists will find attached pages 3 - 4 and 27 - 28 to update the list. The index on page 26 will be moved to a new page 29 at the next revision of the Drug Criteria and Limits List. □

01 - 22 Medical Supplies: Respiratory Assist Device

There are two corrections on page 33 of the Medical Supplies List, category Oxygen and Related Respiratory Equipment. Codes K0532, Respiratory assist device w/o backup rate, and K0533, Respiratory assist device with backup rate, are available for rental only per month. They are not available for purchase. These codes should be K0532LR and K0533LR, respectively.

The corrected page 33 will be sent to physicians and medical suppliers in April 2001 when the Medical Supplies List is reissued with this year's HCPCS changes. □

01 - 23 Proton Pump Inhibitors

Effective January 1, 2000, Proton Pump Inhibitors (PPIs) are restricted by the following criteria:

1. Physicians may prescribe two months of PPI therapy without prior authorization up to twice daily for acute GERD symptoms and/or bleeding peptic ulcer disease. Note that this kind of therapeutic regimen may allow some patients to be diagnosed with GERD without requiring upper endoscopy (i.e., the so called "omeprazole test").
2. After eight weeks of therapy, the physician must request written prior authorization for long-term maintenance therapy for GERD. Criteria for authorization are stated on page 26 of the Drug Criteria and Limits List.

Providers of physician services and pharmacists will find attached the new page 27 - 28 to update the list. The index on page 26 will be moved to a new page 29 at the next revision of the Drug Criteria and Limits List. □

World Wide Web: www.health.state.ut.us/medicaid

Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

Requesting a Medicaid publication?

Send a Publication Request Form.

- by FAX: 1-801-536-0476
- by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

01 - 24 Home Health Service: Criteria for Approval Clarified

The general policy statement concerning the Medicaid Home Health Program and the criteria for approving service have been clarified. The new policy statement follows. The type in bold print emphasizes the change.

Home health services are medically necessary, part time, intermittent health care services provided to a person in his place of residence **when the home is the most appropriate and cost-effective setting consistent with the client's medical need, and when the medical need can be safely met in the home through one of two nursing skill levels with support from family care givers.**

Reason for Change in Policy

The HCFA Regional office recently asked the Medicaid agency to review Home Health Policies and assure that services were not being restricted based solely on an individual's condition or homebound status. Medicaid policy, while recognizing the homebound status, has always considered many other factors in approving services. Policy now makes the standards for evaluating requests for service more clear.

Home Health Service Criteria

When a request for home health service is received, Medicaid Prior Authorization staff will use the criteria listed below to evaluate the home setting for appropriateness and safety.

- Diagnosis, condition and prognosis
- Reason for the request
- Goals for home health service? Short or long term?
- Physician orders, care plan, anticipated length of service
- Equipment and supplies needed: oxygen, I.V.'s, assistive devices, etc.
- Mobility and ability for self care, immediate and long term
- Self care teaching needs
- Limitations: physical or environmental related to the disease process, and whether temporary or permanent
- Potential for improvement of condition and eliminating need for service
- Whether service can be appropriately and safely provided in the home

- Whether there is a more appropriate, less costly alternative for care
- Whether other alternatives to home care service by an agency have been considered or ruled out
- Whether other alternatives have been explored: rehabilitation, long term care
- Who are the family and/or professional care givers? Are they knowledgeable, committed, supportive, willing to learn?
- What teaching needs are apparent?

As long as the client has the ability to access service in the community, convenience, client preference, or desire to avoid time and effort necessary to seek service in the community are not viable reasons for approval.

These changes to the home health policy are not expected to significantly impact the program. All home health services beyond the evaluation visit still require prior authorization, and careful review of medical necessity and utilization control continues to be the basic principal in the review and approval of service.

Home Health Manual Updated

SECTION 2 of the Utah Medicaid Provider Manual for Home Health Services has been updated. A copy is attached for home health agencies. In addition to clarifying home health criteria, three corrections were made. Refer to Bulletins 01 - 16, Hemophilia Case Management: Sole Source Provider, and 01 - 25, Long Term Home Health Services: Code Added to Manual. The third correction is to Chapter 1 - 3, Billing. Medicaid no longer provides HCFA-1500 instructions.

A vertical line on a page in the margin marks where text was changed or added. An asterisk (*) marks where text was deleted with no replacement.

□

01 - 25 Diagnostic and Rehabilitative Mental Health Services by DHS Contractors: Periodic Review of the Treatment Plan

A correction has been made to the Utah Medicaid Provider Manual for Diagnostic and Rehabilitative Mental Health Services by DHS Contractors, SECTION 2, Chapter 1 - 8 item B, Periodic Review of the Treatment Plan, page 6. A typing error was corrected on page 5, Chapter 1 - 8. Providers will find attached replacement pages 1 and 4 through 7 to update their manual. □

World Wide Web: www.health.state.ut.us/medicaid

Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

Requesting a Medicaid publication?

Send a Publication Request Form.

- by FAX: 1-801-536-0476
- by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

01 - 26 Long Term Home Health Services: Code Added to Manual

A code used in the Home Health Program for persons with long term home health needs has been added to the Utah Medicaid Provider Manual for Home Health Agencies. Code Y0108 is capitated long term home health care, partial month. The code requires telephone prior authorization.

SECTION 2 of the Home Health Services manual has been updated; a copy is attached for home health agencies. The information on code Y0108 has been added to Chapter 4 - 4, Persons with Long Term Home Health Needs, and to Chapter 6, Home Health Procedure Codes: Long Term Care. The criteria are stated on the newly revised pages. □

01 - 27 Home Health Agency: Surety Bond Required

The Balanced Budget Act mandates that the federal Health Care Financing Agency (HCFA) require a Surety Bond effective January 1, 1998, from Home Health Agencies (HHA's) serving Medicare or Medicaid recipients. The first set of final regulations published by HCFA was withdrawn. A new set of final regulations requires Medicare to coordinate the collection of the surety bonds for HHA's enrolled in both Medicare and Medicaid. For these HHA's, a single bond will be sufficient through January 1, 2002. Medicare will notify Medicaid of compliance with the surety bond requirement.

If an HHA is enrolled in Medicaid only, the regulations require Medicaid to verify the HHA has a surety bond retroactive to January 1, 1998. Medicaid will contact these HHA's to ensure compliance with the requirement. A bond will continue to be required for Medicaid into the Year 2002.

Information on the Surety Bond Requirement

HHA's are advised to visit the HCFA web site at www.hcfa.gov/medicaid/medicaid.htm. At that site, search for the word "surety". Additional information will be sent to the home health agencies as it becomes available. □

01 - 28 Automated Medicaid Information Systems: AccessNow and Medicaid On-Line

There are two FREE information systems for Medicaid providers: AccessNow, a touch tone telephone eligibility line, and Medicaid On-Line, a direct connection to the Medicaid computer system. These services allow you to access information directly and at your convenience. There is a step-by-step guide for use of these information systems In the GENERAL ATTACHMENTS Section of your Utah Medicaid Provider Manual. Or refer to SECTION 1, Chapter 12 Medicaid Information. You can access SECTION 1 on the World Wide web at:

www.health.state.ut.us/medicaid/SECTION1.pdf

ACCESSNOW

This system is operated with the use of a touch tone telephone. It provides the following information: client eligibility, including client restrictions, other insurance coverage, HMO enrollment, and primary care physician information where applicable.

To use this system, you need a touch tone phone, your 12-digit Medicaid provider number, and the client's Medicaid Identification Number OR the client's Social Security Number and Date of Birth.

AccessNow is available Monday through Saturday from 6:00 a.m. to midnight and Sunday from noon to midnight. There is no limitation on the number of inquiries you can make.

Call Medicaid Information *. Select menu option [1] and then [1] again.

MEDICAID ON-LINE

This is a modem connection to the Medicaid computer system files. It allows the user to view client eligibility, client restrictions, other insurance coverage, HMO enrollment, and primary care physician, where applicable. You may also view claims with paid, denied, and suspended payment status.

To use the system you need an IBM compatible computer with a modem, your 12-digit Medicaid provider number, and Medicaid-assigned login and password. Call Medicaid Information *. Select menu option [3] for providers, and then [5] for electronic billing.

* Medicaid Information: Telephone numbers are in the box at bottom of the page. □

World Wide Web: www.health.state.ut.us/medicaid

Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

Requesting a Medicaid publication?

Send a Publication Request Form.

- by FAX: 1-801-536-0476
- by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

01 - 29 Payment Adjustment Request: Requesting Review of Medicaid Claim That Exceeds the Billing Deadline

The Utah Medicaid Provider Manual, SECTION 1, Chapter 11 - 10, sets a time limit to submit Medicaid claims. Generally, this is within one year of the date of service. Any exception to the one-year limit is stated in SECTION 2 for the type of service provided. It is to your advantage to submit claims and follow-up on unpaid balances quickly. Claims received by Medicaid after the billing deadline will be denied. Very few exceptions can be made.

When Payment Can Be Made on 'Late' Claims

If Medicaid denied a claim for exceeding the billing deadline, and you think we should pay the claim, you may request a review for payment. The situations listed below may be considered for review, provided specific, appropriate documentation is submitted.

1. Proof of Timely Filing

- A. You have a Utah Medicaid Remittance Statement or original TCN showing that we received the original claim within the billing deadline.
- B. You have specific business records prepared at the time the claim was first submitted, and the records show the claim was filed within the billing deadline.

2. Medicaid client received retroactive eligibility

You have eligibility verification to show that a Medicaid client received retroactive eligibility, and the TCN on the denied claim is within the billing deadline based on the date eligibility was determined for the client.

3. HMO billed in error

You billed an HMO in error and have a denial from the HMO showing it received the claim within the billing deadline.

4. Court order or hearing decision

You have a court order or hearing decision which caused the claim to be submitted after the billing deadline.

Requesting Review For Payment

If you have documentation to prove one of the situations stated, complete a Payment Adjustment Request according to instructions. The instructions have

been revised to include a request for review of a late claim. Do not submit a new claim. A copy of the Payment Adjustment Request Form is in the General Attachments Section of your Utah Medicaid Provider Manual. You may also print a copy of the form and new instructions from the World Wide web at www.health.state.ut.us/medicaid/PAR.pdf

New Instructions for Requesting Review of Late Claim on the Payment Adjustment Request Form

Instructions are:

1. Enter the Transaction Control Number (TCN) of the denied claim in Field 4.
2. Explain the reason for the delay in Field 10 and why the claim should be considered for payment.
3. Attach appropriate documentation to the Payment Adjustment Request and send to Medicaid.

When the form and documentation are received, your request will be reviewed. Medicaid will either waive the time limit, process the claim, and make payment OR send a denial with a copy of your hearing rights.

Information Added to SECTION 1 of the Provider Manual

The information explained in this bulletin has been added to SECTION 1 of the Utah Medicaid Provider Manual. The new chapter, 11 - 13 Requesting Review of Claim That Exceeds the Billing Deadline, is available on the World Wide web at:

www.health.state.ut.us/medicaid/SECTION1.pdf

□

01 - 30 Mental Health Centers: Periodic Review of Treatment Plan; Tele-health Services

The following policies in SECTION 2 of the Utah Medicaid Provider Manual for Mental Health Centers have been updated:

- Chapter 1 - 7, Periodic Review of the Treatment Plan, item B (page 5)
- Limits in a tele-health setting clarified in Chapter 2 - 1, Mental Health Evaluation (page 10); Chapter 2 - 3, Individual Mental Health Therapy (page 11); and Chapter 2 - 5, Medication Management Procedure: (page 13)
- Chapter 3, Procedure Codes and Modifiers For Mental Health Services: use of the "TR" modifier for tele-health services. (page 17)

Mental health centers will find attached the replacement pages to update their provider manual. □

World Wide Web: www.health.state.ut.us/medicaid

Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

Requesting a Medicaid publication?

Send a Publication Request Form.

- by FAX: 1-801-536-0476
- by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

01 - 31 Dental Program, Radiographic Services: Full Mouth Series, Discontinued Codes

Dental care providers will find attached pages to update SECTION 2 of the Utah Medicaid Provider Manual for Dental Care Services. A vertical line on a page in the margin marks where text was changed or added. Below is a brief explanation of the corrections and clarifications made. Refer to the updated manual pages for complete information.

Correction: full mouth series

Medicaid considers it standard practice to bill for a full mouth series if more than 12 periapicals are taken during a single visit. SECTION 2, Chapter 1 - 6, Radiographic Services, has been corrected to change 9 periapicals, which is incorrect, to 12 periapicals.

Frequency of X-rays: Clarifications

The clinically based computer auditing program, effective November 15, 2000, rebundles certain radiographic series. The information has been added to SECTION 2, Chapter 1 - 6, Radiographic Services, Chapter 1 - 9, Endodontics, and to Chapter 5, Dental Procedure Codes, Limits and Criteria.

Discontinued Codes

Two dental codes have been discontinued: D9951, occlusal adjustment, and code D9610, therapeutic drug injection. Medicaid will no longer pay on these codes. ☐

00- 32 ADA Dental Claim Form 1999, Version 2000: Instructions Updated

When the instructions for the ADA Dental Claim Form 1999, Version 2000, were issued, the instructions stated the boxes listed in bold print had to be completed when submitting the form either for a Prior Authorization request or for payment. At that time, 21 boxes were marked as 'mandatory fields'.

It has come to our attention that a number of these do NOT have to be completed in order for the claim to be accepted. Only the following boxes are mandatory:

- Box 1. Prior authorization or payment
- Box 2. Medicaid Claim, EPSDT, Prior Authorization #
- Box 8. Patient Name (last, first, middle)
- Box 12. Date Of Birth
- Box 19. Subs/Emp. ID#/SSN#

Box 22. Subscriber/Employee Name (Last, First, Middle)

Box 31. Is Patient covered by another plan?

Box 32. Policy #

Box 44. Provider ID #

Box 49. Place of Treatment

Box 57. Is Treatment result of auto accident, other accident or neither?

Box 59. Examination and Treatment plans

Box 62. Date (signature not required)

The instructions have been corrected so that only the items listed above are in bold print. Dental care providers will find pages 3 - 4 of the ADA instructions attached. A vertical line on the page in the margin marks where text was changed. ☐

01 - 33 Pharmacists: Federal Upper Limits

The federal Health Care Financing Administration (HCFA), through the Federal Upper Limit Bureau, provides a biannual list with the mandated generic, multi-source level of reimbursement for the drugs identified. The list is usually revised January 1 and July 1.

First Data Bank, under contract to Utah Medicaid, maintains these pricing regulations on the Medicaid Reference File. Generic substitution may only be made with products with an A rating identified in the Approved Drug Products (orange) Book published by the U. S. Department of Health and Human Services.

Federal Upper Limit information is available on the Medicaid Point of Sale system and on the Internet at:
www.hcfa.gov/medicaid/drugs/drug10.htm

Contact Medicaid Information if you need a paper copy of the FUL list. If you have a question, contact either Raedell Ashley at (801) 538-6495 or Duane Parke at (801) 538-6452. To call toll-free, call Medicaid Information. Ask for Raedell Ashley at extension 86495 or Duane Parke at extension 86452.

Pharmacy Manual on the Internet

The Utah Medicaid Provider Manual, SECTION 2, Pharmacy Services, states the location of the FUL List on the Internet (Chapter 1 - 2). The pharmacy manual is also on the Internet:

www.health.state.ut.us/medicaid/html/section_2.htm

☐

World Wide Web: www.health.state.ut.us/medicaid

Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

Requesting a Medicaid publication?

Send a Publication Request Form.

- by FAX: 1-801-536-0476
- by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106